

DECLARATION OF LAWRENCE CROSS

I, Lawrence Cross, do hereby declare and state the following:

1. I am a National Registered Paramedic employed by the Federal Bureau of Prisons (“BOP”) as a Health Services Administrator (“HSA”). I am currently the HSA at the Federal Correctional Complex in Lompoc, California (“FCC Lompoc”). I have worked for the BOP for approximately six and a half years, and have worked in my current position for approximately two years. As the HSA for FCC Lompoc, I provide administrative oversight over FCC Lompoc’s Health Services Department, which provides medical care to FCC Lompoc inmates through a combination of full-time onsite BOP medical professionals, and through contracted medical specialists and contracted local hospitals. Prior to being a Health Services Administrator, I have been a paramedic since 2010. I have experience handling infectious disease in a prison setting as I have managed a mumps outbreak and been involved in the investigation and management of an active tuberculosis case. Each infectious disease outbreak required testing, contact investigations, intervention, isolation, immunization, and continued monitoring for further spread of the outbreak. My involvement in the mumps outbreak helped contain the outbreak to only 10 cases while coordinating over 1,600 vaccinations for staff and inmates.
2. As part of my duties and responsibilities as HSA for FCC Lompoc, I have regular access to various BOP databases, like SENTRY, which is our primary electronic database on BOP inmates, and the BOP electronic medical records (“BEMR”) system. As part of my regular duties and responsibilities, I routinely provide BOP records to Assistant U.S. Attorneys when they need such records to represent the interests of the United States.

- 1 3. The facts set forth in this declaration are provided based on my personal
2 knowledge of events at FCC Lompoc or based on my review of BOP records. If
3 called upon, I would testify as set forth below.
- 4 4. FCC Lompoc is a federal prison complex which houses male inmates at a United
5 States Penitentiary (USP Lompoc or “LOM”) which operates as a medium
6 security institution and has a minimum security satellite camp including a farm
7 (“Camp”) as well as a Federal Correctional Institution (FCI Lompoc or “LOF”) which operates as a low security institution. For this reason, it is fair to say FCC
8 Lompoc operates three facilities - FCI Lompoc, USP Lompoc, and a Satellite
9 Prison Camp (Camp) which is comprised of the North Camp and the South Camp.
10 FCI Lompoc has military barracks style housing with open bay dorms and four-
11 man cells. USP Lompoc has two-man cells throughout the facility that have barred
12 entry ways. The USP Lompoc Camp, though organizationally part of the USP,
13 stands completely apart from the FCI and the USP, and has no fences or
14 perimeter-based barriers of any kind. The North Camp is comprised of one
15 housing building and the South Camp is comprised of two housing buildings.
- 16 5. The Health Services Department at FCC Lompoc has a complement of 28 clinical
17 medical staff including three physicians, three mid-level practitioners, four
18 paramedics, one quality improvement/infection control nurse, and several dental,
19 pharmacy, and clerical staff. In addition to the BOP staff, there is one Public
20 Health Services employee who comprises part of the medical team at FCC
21 Lompoc on a regular bases. FCC Lompoc also utilizes local community hospitals
22 and contract providers to meet the emergent and specialized medical needs of the
23 inmate population. As discussed below, as part of the FCC Lompoc response to
24 COVID-19, the BOP contracted for numerous health care providers to man the
25 Hospital Care Unit (HCU) that was constructed.
- 26 6. As part of my official duties as HSA, in collaboration with the Clinical Director, I
27 provide administrative management of health care to the inmate population. I am
28

1 also the primary supervisor for mid-level providers, emergency medical
2 technicians, and nurses. As part of my duties, I am thoroughly familiar with the
3 health care and treatment available throughout BOP institutions and, more
4 specifically, with the care and treatment that is available for inmates with different
5 types of chronic medical conditions. Furthermore, I am thoroughly familiar with
6 the BOP's response to the national COVID-19 pandemic. I am familiar with FCC
7 Lompoc's specific response to the pandemic, and I have access to records
8 regarding the institution's response.

9 **PETITIONERS' MEDICAL STATUS**

10 7. **Yonnedil Carror-Torres** ("Carror-Torres"), Reg. No. 41928-069, is a 24-year
11 old male. He arrived at USP Lompoc on December 30, 2019. He received an
12 intake Health Screening upon his arrival at this time he reported having asthma
13 since childhood but reported no other significant diagnoses. He has a history of
14 asthma and depression.

15 a. BOP Records show Carror-Torres was issued a surgical mask on April 6,
16 2020, and three washable cloth masks on April 14, 2020.

17 b. On April 23, 2020, Carror-Torres was seen in Health Services for sick call
18 complaining of a throbbing headache and a dry cough. He was suspected of
19 having COVID-19 so he was moved from K Unit to H Unit for isolation
20 and was tested for the virus. All inmates were given new surgical masks
21 upon placement in H Unit. At the time of the examination, his respiration
22 was found to be even and unlabored. Labs were drawn and chest x-rays
23 were taken. Petitioner was advised to report any worsening or new
24 symptoms immediately.

25 i. Carror-Torres was examined, his temperature was taken, his pulse
26 was taken, oxygen saturation was measured, and his symptoms were
27 evaluated on a daily basis from April 23rd to May 7th, 2020
28

(excluding May 5th). During that period, Carror-Torres's temperature was never above 99.2°.

ii. The BOP received notice on April 25, 2020, that Carror-Torres's test was returned as negative indicating no RNA from SARS CoV-2 was detected in the specimen drawn on April 23, 2020.

c. On May 6, 2020, Petitioner was examined and was found to have only mild exercise induced tachycardia after he had been running in place for many minutes for exercise. Given the negative test result and no further symptoms, infection with COVID-19 was ruled out as to this Petitioner. He left H Unit and was returned to general population, which is his regularly assigned unit on May 7, 2020.

8. I was shown pages 6-7 and 26-27 of the complaint where Petitioner, through counsel, claims he (A) started feeling seriously ill and developed COVID-19 symptoms including fever, diarrhea, and body aches on or around April 24, 2020; (B) asked for medical assistance for five days but was ignored; and (C) went into acute respiratory shock and collapsed in his cell only then to be tested and confirmed positive for COVID-19 and had to be put into a medically-induced coma, intubated, and put on a ventilator. There is no evidence in BEMR to support these claims. On the contrary, the records demonstrate no fever during the relevant time and there is no record Petitioner reported symptoms of diarrhea or body aches which he now claims to have had to medical staff.

9. **Vincent Reed ("Reed"), Reg. No. 27173-016**, is a 54-year old male with a history of hypertension, psychiatric disease (depression, schizophrenia) and chronic pain assigned to USP Lompoc. He was examined for a chronic care follow-up on March 6, 2020 at which time his hypertension was found to be well-controlled.

a. FCC Lomopc records reveal inmate Reed was issued a surgical mask on April 6, 2020 and three washable masks on April 14, 2020.

- b. On March 30, 2020, Reed presented to sick call with flu-like symptoms including cough, fever, and body aches which he claims he had been experiencing for 2 – 3 days. Labs were drawn, chest x-rays were taken and he was moved to isolation. He was tested for COVID-19 on March 30, 2020. The result was returned positive to FCC Lompoc on March 31, 2020 indicating the test detected SARS-CoV-2 RNA.
- c. Reed was examined, his temperature was taken, his pulse was taken, oxygen saturation was measured, and his symptoms were evaluated daily from March 30th through April 17th (except April 2nd) and on May 28th and 29th. During these periods, Reed's temperature was never above 99.7° except three times, once where it was 101.5° and then on consecutive days in May where it reached 103.4° and 103.2°.
- d. He was examined by a physician on March 31, 2020 at which time the inmate reported he felt better.
- e. He was seen by a physician again on April 7, 2020, after his fever returned, at which time his pain medication was changed to acetaminophen as ibuprofen was not good to take with the disease.
- f. He was examined again on April 14, 2020, at which time he had no complaints and denied having difficulty breathing, diarrhea, shortness of breath, or any other symptoms of COVID-19.
- g. On May 26, 2020, Petitioner spoke to a psychologist and expressed concerns about potentially still having COVID-19 and wanting a full physical examination and re-testing.
- h. On May 27, 2020, Petitioner complained of dizziness and being light-headed. He denies any fever, chills, cough, sore throat, body aches, loss of taste/smell, or any other symptoms but asked to be retested to ensure he doesn't have COVID-19 any longer.

- i. On May 29, 2020, the inmate was seen for a follow-up with a physician for his complaint of dizziness. At these exams, Reed claimed he has been suffering dizziness for two months off and on. The physician noted Reed was anxious about COVID-19 and considered his current complaint was psychogenic in origin.
 - j. On May 30, 2020, Reed complained of having constipation for six days. He was prescribed medication to assist.
10. I was shown page 7 and 27 – 28 of the complaint where Petitioner, through counsel, claims after he was diagnosed as positive for COVID-19 FCC Lompoc “left him to languish in solitary confinement.” BEMR demonstrates that he was seen regularly by medical personnel and was screened by psychology staff. He was not examined by a physician between March 31 and April 7 because he had reported feeling better on the 31 and had not had a fever or shown any other signs of illness until his fever went up again on April 6. He was initially placed in the special housing unit until April 2, 2020, when the isolation unit for COVID-19 positive inmates was moved to H Unit. All inmates in H Unit are provided a new surgical mask at the time they enter that unit.
11. **Felix Samuel Garcia (“Garcia”), Reg. No. 46693-298**, is a 35-year old male with a history of dermatitis and vision problems assigned to FCI Lompoc. Garcia has not presented to medical with any COVID-19 related concerns.
 - a. FCC Lompoc records reveal inmate Garcia was issued a surgical mask on April 6, 2020 and three washable masks on April 14, 2020.
 - b. Garcia has had his temperature taken by medical staff five times, and it has never been over 97.6°.
 - c. Garcia was an asymptomatic inmate screened for COVID-19 on May 4, 2020, as part of mass testing being conducted at FCC Lompoc. His test results were reported negative on May 6, 2020.

d. On May 7, 2020, Garcia was among a number of COVID-19 negative inmates moved to quarantine at USP Lompoc.

e. Garcia was re-tested as part of a mass screening again on May 13, 2020, and a negative test result was reported on May 14, 2020.

f. Garcia was ordered to be retested again though asymptomatic on May 26, 2020. Another negative result was reported to FCC Lompoc on May 31, 2020.

12. **Andre Brown, Reg. No. 54460-097**, is a 54-year old male with a history of hypertension, asthma since childhood and adenocarcinoma of prostate, a common form of prostate cancer, sleep apnea for which he uses a CPAP machine, and gastroesophageal reflux assigned to USP Lompoc. Brown has been diagnosed with prostate cancer since 2015.

a. FCC Lompoc records reveal inmate Brown was issued a surgical mask on April 6, 2020 and three cloth masks on April 14, 2020.

b. Brown was screened for COVID-19 on May 27, 2020. His test results were reported to FCC Lompoc on June 1, 2020, as negative as no SARS CoV 2 RNA was detected.

c. Brown has had his temperature taken by medical staff 22 times since April 24th, and his temperature has never been above 98.1°.

d. Brown has been housed in the Special Housing Unit at USP Lompoc for non-medical reasons since February 2, 2020.

13. **Sean Fears, Reg. No. 34183-060**, is a 50-year old male with a history of blindness in one eye, cataracts, and benign neoplasm of epididymis assigned to the Camp.

a. Camp records indicate inmate Fears was issued three washable cloth masks on April 14, 2020.

b. Fears lives in Unit A at the Camp and was placed in quarantine with the rest of the facility on March 31, 2020.

- 1 c. Fears has not presented to medical with any complaints though he was seen
2 and his temperature was taken on March 30th and then 12 times since May
3 1st. During these tests, Fears' temperature has never been above 98.2°.

4 **FCC LOMPOC MEDICAL RESPONSE TO COVID-19**

5 14. As of this writing on June 1, 2020, the BOP's public COVID-19 webpage at
6 <https://www.bop.gov/coronavirus/> reports there are 18 confirmed inmate cases of
7 COVID-19 at USP Lompoc (which includes the Camp) and 5 confirmed inmate
8 cases of COVID-19 at FCI Lompoc. To date, 158 inmates at USP Lompoc
9 recovered while two passed away and 895 inmates at FCI Lompoc recovered
10 while two have passed away.

11 15. Even prior to our first reported case of COVID-19 in late March 2020, we were
12 already making efforts to follow the Centers for Disease Control and Prevention
13 (CDC) guidance related to COVID-19.

- 14 a. BOP and FCC Lompoc had initiated screening procedures. See Ex. A,
15 Memo re: Guidance on 2019 Novel Coronavirus Infection for Staff
16 Screening dated 2020-01-31 and Memo re: Guidance on 2019 Novel
17 Coronavirus Infection for Inmate Screening and Management dated 2020-
18 01-31.
- 19 b. Outside medical and dental trips were prioritized and reduced to the extent
20 possible to minimize the risk of infection or spreading within the facility.
21 See Ex. B, BOP Guidance for Prioritizing Outside Medical and Dental Trips
22 During the COVID-19 Pandemic.
- 23 c. Clinical guidance on screening inmates was provided to clinical medical
24 providers on or about March 20, 2020. See Ex. C at 1-2.
- 25 d. Clinical information on medical quarantine and isolation procedures was
26 distributed to medical providers on or about March 22, 2020. See Ex. D at
27 1-2.
- 28

- 1 16. On March 23, 2020, the CDC issued Interim Guidance on Management of
2 Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, a
3 copy of which is provided as Exhibit E.
- 4 17. On March 30, 2020, BOP announced no sick call co-pay will be charged to any
5 inmate presenting for COVID-like symptoms.
- 6 18. The first confirmed case of COVID-19 at FCC Lompoc was at USP Lompoc on
7 March 30, 2020. The disease spread despite considerable efforts to control the
8 disease. Upon mass testing at the FCI and identifying a significant number of
9 asymptomatic positive inmates at the FCI, the determination was made to remove
10 the COVID-19 negative inmates from the facility to their own dedicated unit in
11 the USP where it is easier to contain the spread of the virus due to the physical
12 structure of the unit in hopes of preventing the further transmission of the disease.
- 13 19. In April 2020, we established a comprehensive infection prevention program
14 which included wide variety of activities.
 - 15 a. On April 6, 2020, multiple masks were passed out to inmates, and staff
16 educated inmates on the proper donning and doffing of the masks. See Ex.
17 F, Mask Memo to Inmate Population.
 - 18 b. Signs were posted in locations appropriate to educate inmates and staff
19 about cleaning surfaces, personal hygiene, social distancing, and coughing
20 practices.
 - 21 c. FCC Lompoc set up an off-site health screening site for staff which staff
22 are required to successfully pass before being allowed to enter into their
23 work / duty station.
 - 24 d. Every inmate has access to cleaning supplies and are encouraged to
25 frequently clean and disinfect their own areas.
 - 26 e. Additionally, FCC Lompoc initiated regular symptom and temperature
27 checks of every inmate at FCC Lompoc by BOP medical staff.
- 28

1 20. BOP medical personnel assisting both FCI Terminal Island and FCC Lompoc
2 reached out to the Public Health departments in Los Angeles and Santa Barbara
3 County to coordinate responses and seek guidance. The decision to mass test at
4 FCI Lompoc was made after collaboration with the LA County Public Health
5 Department.

- 6 a. Specifically, BOP was working closely with LA County Public Health
7 Department in addressing an outbreak at FCI Terminal Island in Terminal
8 Island, California.
- 9 b. BOP's initial response to the outbreak at FCI Terminal Island and at FCC
10 Lompoc was in accordance with current CDC guidance which called for the
11 facility to identify/test and isolate the symptomatic immediately.
- 12 c. The LA County Public Health Department shared a recently utilized
13 approach at a local county jail, where it found high transmission rates in the
14 dormitory setting, and as a way to quickly identify positive cases and put a
15 stop to what we call a rolling quarantine which could go on for months, it
16 recommended testing 100% of the population as all housing at this facility
17 is dorm.
- 18 d. BOP officials thereafter decided to apply the recommended mass testing
19 procedures at FCC Lompoc.
- 20 e. Santa Barbara County public health officials made no specific
21 recommendations and gave no access to testing like was received from LA
22 County, so FCC Lompoc initiated its own contract with WestPac and used
23 the same procedure for testing and isolation as had been worked out in
24 consultation with the Los Angeles county public health department for
25 Terminal Island.

26 21. In addition to these steps, FCC Lompoc was on the BOP priority list for all
27 necessary resources, which allowed us to maintain our inventory of Personal
28 Protective Equipment (PPE) and other supplies like masks and cleaning products.

1 FCC Lompoc received dozens of staff deployed temporarily (TDY) from other
2 BOP locations which helped us supplement our staffing, and to date, we still have
3 supplemental staffing from other BOP locations.

4 22. BOP uses the same language as the CDC to discuss pertinent issues like social
5 distancing, quarantine, medical isolation, cohorting, and recovery.

6 a. The CDC defines social distancing as the “practice of increasing the space
7 between individuals and decreasing the frequency of contact to reduce the
8 risk of spreading a disease (ideally to maintain at least 6 feet between all
9 individuals, even those who are asymptomatic). Social distancing strategies
10 can be applied on an individual level (e.g., avoiding physical contact), a
11 group level (e.g., canceling group activities where individuals will be in
12 close contact), and an operational level (e.g., rearranging chairs in the
13 dining hall to increase distance between them).” See Ex. E at 4.

14 b. “Quarantine refers to the practice of confining individuals who have had
15 close contact with a COVID-19 case to determine whether they develop
16 symptoms of the disease. Quarantine for COVID-19 should last for a period
17 of 14 days. Ideally, each quarantined individual would be quarantined in a
18 single cell with solid walls and a solid door that closes. If symptoms
19 develop during the 14-day period, the individual should be placed under
20 medical isolation and evaluated for COVID-19. If symptoms do not
21 develop, movement restrictions can be lifted, and the individual can return
22 to their previous residency status within the facility.” See Ex. E at 4.

23 c. “Medical isolation refers to confining a confirmed or suspected COVID-19
24 case (ideally to a single cell with solid walls and a solid door that closes), to
25 prevent contact with others and to reduce the risk of transmission. Medical
26 isolation ends when the individual meets pre-established clinical and/or
27 testing criteria for release from isolation, in consultation with clinical
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1 providers and public health officials (detailed in guidance below).” See Ex.
2 E at 4.

3 d. “Cohorting refers to the practice of isolating multiple laboratory-confirmed
4 COVID-19 cases together as a group, or quarantining close contacts of a
5 particular case together as a group.” See Ex. E at 3.

6 e. “Recovery is defined as resolution of fever without the use of fever-reducing
7 medications with progressive improvement or resolution of other symptoms.”
8 See Ex. G at 2.

9 23. I have been working with Infectious Disease experts from BOP and executive
10 staff at FCC Lompoc to implement various quarantine and isolation procedures,
11 which included developing an Isolation Unit inside the USP for any symptomatic
12 inmates from any of the institutions at FCC Lompoc. The Isolation Unit has a
13 capacity of just over 200 inmates, is comprised of cells that are walled-off on all
14 sides except for the open-barred entryway. As of the date of this declaration, there
15 are approximately just over 30 inmates in the Isolation Unit. Inmates are usually
16 single-celled, unless it is clinically acceptable to house two specific inmates
17 together. All BOP staff who work in the Isolation Unit are mandated to wear
18 appropriate PPE, which allows them to work safely and effectively to monitor the
19 inmates in the Isolation Unit, and to seek medical assistance if necessary. As long
20 as these symptomatic inmates who tested positive for COVID-19 do not need
21 hospitalized care, they will be treated by BOP medical staff until they recover,
22 pursuant to CDC guidelines, which will be explained later in this declaration. All
23 inmates in the Isolation Unit are symptom and temperature checked daily by BOP
24 medical staff.

25 24. As part of the BOP’s response to COVID-19, medical screenings of all staff and
26 visitors to FCC Lompoc started on March 16, 2020. As CDC guidance changed
27 regarding symptoms of the virus, the BOP modified its screening tools. A copy of
28

1 the current screening tools used by the BOP and at FCC Lompoc as of June 1,
2 2020, are provided as Exhibit D at 3 - 6.

3 25. As part of the response to the national COVID-19 pandemic, the agency sent out a
4 notice to all institution Health Services Administrators informing them of the
5 CDC's guidance regarding the management of COVID-19 in Correctional and
6 Detention Facilities. Ex. E; Exhibit G, Interim Guidance on Management of
7 Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities
8 (reviewed 2020-05-07) ([https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
9 [ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)). As
10 part of that guidance, the CDC advised that staff should be mindful of individuals
11 who are at a higher risk of severe illness from COVID-19 in three circumstances:
12 "[i]f the number of confirmed cases exceeds the number of individual medical
13 isolation spaces available in the facility", "[i]f the number of quarantined
14 individuals exceeds the number of individual quarantine spaces available in the
15 facility," and during "the initial medical evaluation [of] a symptomatic
16 individual." Ex. E, p. 16, 20 and 23. Furthermore, the CDC issued guidelines for
17 determining those individuals who were "high risk" for severe illness caused by
18 COVID-19. These guidelines can be found at:
19 [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)
20 [higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html) (accessed June 1, 2020). Per CDC guidance, "high-risk"
21 individuals include those over 65 and those with significant underlying medical
22 conditions, such as chronic lung disease, moderate to severe asthma, liver disease,
23 and diabetes. See *id.*

24 26. FCC Lompoc continues to explore and employ different measures to address
25 COVID-19 given its fluid and uncertain nature.

- 26 a. For example, in mid-April 2020, FCC Lompoc initiated 14 days of
27 enhanced mitigation measures which greatly limited inmate activity and
28 movement, and mandated inmates to wear masks and maintain

1 hygiene/cleanliness. Although these measure temporarily suspended inmate
2 access to phones and computers (for emails), it was necessary to curtail the
3 spread of COVID-19 as we believed the frequent touching of the keyboards
4 and phones without adequate cleaning in-between was a problem.

5 b. Staff were assigned to work one area (USP, FCI or Camp) and all of their
6 assignments were to be at that facility to prevent staff going between
7 facilities and possibly spreading the virus that way.

8 c. Inmates were cohorted by the structure of the institution. So their living
9 assignment dictated their cohort. The FCI would consist of each dorm with
10 separate floors as inmates were not intermingling throughout the Unit. At
11 the USP, they were cohorted by housing Unit, but since they also have
12 individual cells, the spread of infectious disease is a lot easier to slow and
13 contain because of the physical structure. The Camp has three buildings
14 and they are cohorted by the assigned building. We also separated inmates
15 out by job assignment, like food service and farm employees and cohorted
16 them in non-traditional areas for housing to add social distancing.

17 d. Limitations on allowing inmates to informally socialize outside of their
18 areas and cells presented another risk of exposure that BOP could and did
19 control with these enhanced measures. A copy of the Warden's
20 memorandums dated April 17, 2020, ordering these 14 days of enhanced
21 mitigation measures is attached hereto as Exhibit H.

22 27. Clinical guidelines were being issued or made available and revised through
23 March, April and May. BOP made available clinical guidelines on procedures for
24 quarantine, isolation and treatment of inmates in BOP facilities. Ex. D is a
25 composite exhibit of clinical guidelines available to BOP medical staff.

26 28. In early May, the staff at FCC Lompoc began pursuing a strategy that would lead
27 to the testing of all inmates at FCI Lompoc, regardless of symptomology in order
28 to address the spread of COVID-19. FCI Lompoc purchased the test kits to be

1 administered by Health Services staff and contracted with a private company to
2 complete the lab work. In addition, target cohort testing was utilized in other
3 areas, like M-Unit at USP Lompoc to retest inmates from the FCI who had been
4 moved there after testing negative initially. Symptomatic based testing continues
5 to be conducted on an as needed basis complex-wide.

- 6 a. Prior to Universal Testing, all symptomatic inmates at FCI Lompoc were
7 placed in isolation.
- 8 b. As the great majority of FCI Lompoc inmates tested positive through the
9 mass testing, if any of these asymptomatic inmates developed some mild
10 symptoms after Universal Testing, they also remained at FCI Lompoc in
11 their respective housing unit. As all of these inmates were still subject to
12 daily symptom screening and temperature checks, any positive inmate who
13 had worsening symptoms could be assessed by medical staff for further
14 medical care as needed. To the extent some of these asymptomatic inmates
15 developed mild symptoms after Universal Testing, they also remained at
16 FCI Lompoc in their respective housing unit.
- 17 c. As a result of the early May Universal Testing at FCI Lompoc, inmates
18 testing negative were moved into M Unit inside the USP, which was
19 designated a “clean” housing unit. The reason for the creation of M Unit
20 was that the great majority of those tested at FCI Lompoc tested positive for
21 COVID-19, and we needed a special unit for the minority of inmates who
22 tested negative for COVID-19. Thus, the FCI Lompoc inmates who tested
23 negative for COVID-19 were moved into M Unit to better insulate them
24 from infection from COVID-19 at FCI Lompoc. Cohort testing of M-Unit
25 continued to be conducted.
- 26 d. During the week of May 11, 2020, FCC Lompoc decided to retest all of the
27 negative inmates who were being housed in M Unit at USP Lompoc and U
28 Unit (otherwise referred to as Unicor) at the FCI given the probability there

could be some false negatives, and because even highly reliable testing methods might not detect COVID-19 if it had not yet developed sufficiently for testing to detect it.

e. As a result of this retesting process, 87 inmates tested positive or indeterminate for COVID-19 on May 13, 2020, and they were immediately moved across the hall into the Isolation Unit at USP Lompoc or back to their housing unit at the FCI. We believed placement of asymptomatic inmates who test positive for COVID-19 into the Isolation Unit would be the best way to prevent the further spread of COVID-19. While there are symptomatic inmates with COVID-19 in the Isolation Unit, there is no evidence to suggest further spread/infection as both groups are already positive with COVID-19. Inmates in the Isolation Unit are symptom and temperature checked daily, and if any inmate's symptoms worsen, medical staff can decide on whether more advanced care is needed, like transfer to the HCU or to a local hospital.

29. Pursuant to the CDC protocols and BOP guidelines that follow CDC protocols regarding COVID-19 and prisons, an individual who tests positive may be deemed recovered after fourteen days of improved symptoms, with the last three days being fever-free. See <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html> (accessed June 1, 2020). Hence, the BOP had adopted this guidance and implemented a 14-day quarantine period.

30. We currently have medical staff performing temperature testing and symptom screening daily in every quarantine and isolation housing unit, and if the inmate was identified as symptomatic, we would either send that inmate to our Isolation Unit inside the USP, or to a local hospital as needed for further evaluation, testing, and/or treatment. Testing for COVID-19 can currently be performed locally through an on-site Abbott ID testing machine, by sending it to a referral contract laboratory, or by whichever means the local hospital chooses to use.

31. FCC Lompoc created an on-site HCU as another measure to address COVID-19, and to alleviate any burden on community hospital resources that might exist. Although FCC Lompoc has been using up to three local hospitals to care for our COVID-19 patients, we developed the HCU to provide another medical resource for FCC Lompoc. Inmates who need intensive-care level medical services, like a ventilator, will continue to be sent to a local hospital, but, inmates who can be managed with our on-site 24/7 contracted medical staff, will be cared for in the HCU. As of the date of this declaration, we have nine patients currently in the HCU.

32. Additionally, FCC Lompoc erected a BLU-MED: Negative Pressure Isolation System. This self-contained system was set-up inside the secure perimeter at FCI Lompoc. It was initially erected for use to enhance social distancing opportunities and used as a separate isolation unit for inmates with mild respiratory symptoms. There are currently no inmates housed in this area and is available should it become needed again in the future.

33. As of this date, the entire population presently housed at FCI Lompoc is considered recovered. Inmates will continue to be monitored by Health Services. Sick call and medication distribution occurs daily in the housing units. As of this date, USP Lompoc M Unit is the quarantine unit for inmates from the FCI, L Unit is on quarantine and Camp South B-side is also on quarantine. Inmates in quarantine units will continue to have daily symptom screening and temperature checks completed. The entire Complex is presently on lockdown as part of a nationwide response to rioting around the country so at this time, medical staff conduct twice daily pill lines throughout the entire Complex. In addition, sick call requests are passed out and collected by the Unit Officers daily and are addressed by Health Services as needed.

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1 Pursuant to the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury
2 that the foregoing is true and correct to the best of my information, knowledge, and
3 belief.

4 Executed on this 5th day of June 2020, in Lompoc, California.

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7 _____
8 Lawrence Cross
9 Health Services Administrator
10 Federal Bureau of Prisons
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DECLARATION OF MELISSA ARNOLD

I, Melissa Arnold, declare as follows:

1. I am currently employed by the Federal Bureau of Prisons (“BOP”) as the Complex Case Management Coordinator (“CMC”) at the Federal Correctional Complex in Lompoc, California (“FCC Lompoc”). I have been employed by the BOP since June 2005. I have been the Complex CMC at FCC Lompoc since April 2018, and was a CMC for the six years preceding. If called upon, I could and would testify as set forth below.

2. As part of my duties, I have been assigned as the Reduction in Sentence Coordinator at FCC Lompoc. In this role, I am primarily responsible for tracking all requests submitted by an inmate or on behalf of an inmate housed at FCC Lompoc seeking a Reduction in Sentence (“RIS”) (also called Compassionate Release) under 18 U.S.C. § 3582(c)(1)(A). I track these requests and responses by using the RIS Tracking System developed by the BOP.

3. I am thoroughly familiar with BOP records and systems relating to the processing of compassionate release requests as well as BOP Program Statement 5050.50, *Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g)*, (“PS 5050.50”) which was revised on January 17, 2019 and incorporates rules language codified at 28 C.F.R. §§ 571.60, et seq. This policy sets out procedures and requirements for submitting a request to the BOP for a motion under 18 U.S.C. § 3582(c)(1)(A). Prior to December 21, 2018, only the Director of BOP was authorized to file such motions on behalf of an inmate. However, the current statute permits defendants to file such motions themselves after having “fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant’s behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” 18 U.S.C. § 3582(c)(1)(A).

4. To summarize, an inmate submits an initial request for a RIS motion to the institution’s warden. PS 5050.50 at 3 ¶ 2. At a minimum, the request must set forth the “extraordinary and compelling circumstances” justifying the request and the inmate’s

1 proposed release plans, including where they will reside, how they will support
2 themselves and, if the request is based on the inmate's health, where they will obtain
3 medical treatment and how they will pay for it. *Id.* Then I forward the request to the
4 institution's Health Services Department for review. The request is then reviewed to
5 determine whether it qualifies under the criteria identified policy.

6 5. Upon the receipt of the all pertinent information, the Warden will determine
7 whether the request warrants approval. PS 5050.50 at 12-13 ¶ 8. If so, the Warden refers
8 the request to the BOP's Office of General Counsel for further processing. *Id.* at 13-14.
9 If the Warden determines that the request does not warrant referral, then the Warden
10 provides the inmate with written notice of that decision and the basis for that decision.
11 *Id.* at 15 ¶ 9. The inmate can then appeal the denial through the BOP's administrative
12 remedy process. *Id.*

13 6. I accessed the BOP's RIS tracking system to determine whether any of the
14 Petitioners in this case—Yonnedil Carror-Torres, Federal Register number (Reg. No.)
15 41928-069; Vincent Reed, Reg. No. 27173-016; Felix Samuel Garcia, Reg. No. 46693-
16 298; Andre Brown, 54460-097; and Shawn L. Fears, Reg. No. 34183-060—had
17 submitted an RIS request to the Warden of FCC Lompoc.

18 a. For Petitioner Carror-Torres, Kiara Carror submitted an RIS request
19 that was received by the Warden's Office on May 14, 2020. This request is in the
20 process of being reviewed by the institution's staff to determine whether Petitioner
21 Carror-Torres qualifies for compassionate release.

22 b. As to Petitioner Reed, BOP records show that Joanna Munson
23 Perales, his Federal Public Defender, filed a request for compassionate release on
24 January 7, 2020, which was received by the Warden on January 8, 2020. A denial
25 was sent on April 29, 2020, explaining why Petitioner Reed's request was denied.

26 c. Petitioner Garcia submitted a request for a RIS motion to be filed on
27 his behalf, which was received by the Warden on May 20, 2020. The request seeks
28 home confinement under the CARES Act and also states he seeks to be "released

1 earlier.” The request is in the process of being reviewed by the institution’s staff to
2 determine whether he qualifies under the agency’s criteria.

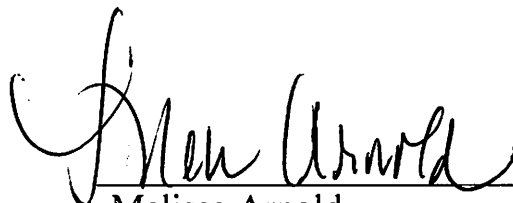
3 d. My review of records for Petitioner Brown reveals FCC Lompoc
4 received an email requesting compassionate release from Verna Wefald,
5 representing herself to be his appointed counsel, which was sent on May 13, 2020.
6 The request is in the process of being reviewed by the institution’s staff to
7 determine whether he qualifies for compassionate release.

8 e. A search of Agency records located no request for a reduction in
9 sentence on behalf of Petitioner Fears.

10 7. Once staff completes their review of the outstanding requests for Petitioners
11 Carror-Torres, Garcia, and Brown, they will submit a recommendation as to the
12 disposition of the application. The Warden will then consider that recommendation and
13 will either forward the application to the BOP’s Office of General Counsel for further
14 processing or will deny the application and inform the inmate of that denial in writing. If
15 the Warden denies the application, then Petitioners have the opportunity to appeal that
16 denial through the administrative remedy process.

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18 I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing
19 is true and correct. Executed this 4th day of June, 2020, at Lompoc, California.

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Melissa Arnold
Complex Case Manager Coordinator
Federal Correctional Institution
Lompoc, California